FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF \$1

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400069741 (4)

MAY'S DRAGON, INC.

Principal Place of Business Mailing Address

1311 ATLANTIC BLVD

1311 ATLANTIC BLVD

FILED May 13 1997 8:00am Secretary of State



1911 ATLANTK NEPTUNE BEA	C BLVD ACH FL 32266	1311 ATLANTIC BLVI NEPTUNE BEACH FL					
					3. Date Incorporated or Qualified 09/19/1994	3a. Dale of Last R 05/01/1996	eporl
	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	per a surficient	plied For
21		26	the same of the sa		59-3269878		t Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc	27		5. Certificate of Status Desired	\$8.75 / Fee Re	quired
City & State 23		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ 24	Country 25	<i>Z</i> ip 29	30 Coun		This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
····	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	jistered Agent	
	SS, ROBERT V	•		1 Name			
#14					ress (P.O. Box Number is Not Acceptab	le)	
JAC	XSONVILLE FL 32202		8	3			
177 SE 5 1				4 City		FL	Code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obj	ate of Florida. Such change i	was authorized.	by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing it t the appointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered				irieo when reinstating)	DATE	
12.		AND DIRECTORS	18.		ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	D	DELETI	1.1 1011	:	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	Change	Addition
NAME	DUNGAN, MAYINN E		1.2 NAM	E			
STREET ADDRESS			1,3 STR	E1 ADDRESS			
CITY-ST-ZIP	NEPTUNE BEACH FL 32266			- \$1 - ZIP			
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NAME			2.2 NAM			•	
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CITY-ST-ZIP		DELET		r-ST-ZIP		Chance	Addition
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NAME STOCET ADDRESS			3.2 NAN				
STREET ADDRESS CITY-ST-ZIP			1	ET ADORESS (-S1-ZIP			
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NAME			4.2 NA			<u> </u>	
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STREET ADDRESS			5.3 STR	ET ADDRESS			
CITY-ST-ZIP			1	-\$1-ZIP			
TITLE		☐ DELETE				☐ Change	Addition
NAME			6.2 NAN	E			
STREET ADDRESS			6.3 S1R	ET ADORESS			
CITY-ST-ZIP				- \$1-2IP			
14 Ldo baret	by partify that the information cump	lied with this filing does not	eurolifu for the o	constinu data	d in Castina 110 07/9\/i) Florida Statutor	I foutbox postifutbot	115.00

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plack 120 (Florida Statutes).

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